

HANDBOOK FOR NORTHCAROLINA FAMILIES UNITED, INC./FFCMH AND POWERFUL YOUTH FRIENDS UNITED ON RIGHTS, RULES AND RESPONSIBILITIES

STATEMENT OF PURPOSE

The purpose of this Handbook is to explain the vision and mission of North Carolina Families United, Inc./North Carolina Federation of Families for Children's Mental Health¹ and Powerful Youth Friends United, the values that guide us in all that we do, and to explain how we will address confidentiality and other ethical issues related to selecting and protecting participants in all of our projects and activities. In particular, this handbook will explain those issues related to implementation of the Statewide Family Network grant, serving families of children and youth (ages 0-25) as well as the youth themselves with serious emotional, behavioral or mental health challenges throughout North Carolina.

VISION AND MISSION

Vision Statement of Families United: Children/youth with serious emotional, behavioral and mental health challenges and their families will have a person centered, family driven System of Care to ensure their independence, safety, happiness and success in their homes, school and community.

Mission Statement NC Families United:

- Link families to State and community partners for the purpose of improving the lives of children, youth, and families with emotional, behavioral, or mental health needs;
- Focus active attention on the unique strengths and needs of these children and their families by educating and advising policy makers, service providers, other advocacy organizations;
- Actively promote policies and procedures that serve the best interests of these children, youth, and their families through work with State and local officials;
- Actively promote, model and adhere to the values and principles of System of Care.

Mission Statement: Powerful Youth Friends United – Assist support and advocate for young people with mental health challenges.

¹ North Carolina Families United, Inc. is the statewide organization of the Federation of Families for Children's Mental Health. It will be referred to as Families United throughout the handbook.

Exceptional Children's Assistance Center as the fiscal agent of NC Families United and Powerful Youth Friends United agrees to follow this handbook on all work related to NC Families United, Inc.

Values Statement: Our work is based on the following set of values that guide all of our projects and activities with children, youth, families, colleagues and our staff:

- ❖ We will include people with disabilities and their families/caregivers as full participants and support them in meeting their needs.
- ❖ We will act in a manner consistent with professional and personal ethics and standards of excellence.
- ❖ We will address the program needs and concerns of the people with whom we work in ways that are appropriate, courteous and helpful.
- ❖ We will seek to identify and eliminate barriers that inhibit people from participating fully in our programs.
- ❖ We will honor individuality and cultural diversity, show consideration and empathy and act fairly to enhance each individual's self-esteem.
- ❖ We will offer programs that empower people to assert their individuality and freedom of choice.
- ❖ We will work with our community to enhance cooperation and resources through teamwork and collaboration.
- ❖ We believe that participation should be assisted by identifying the needs of the child, youth, and family/caregiver and making accommodations to address those needs.
- ❖ We believe that parents/caregivers and youth are experts on their needs.
- ❖ We believe in the development of programs based on the requests and needs of the participants.
- ❖ We believe in using a person's strengths to guide and develop levels of participation in programs.
- ❖ We believe that we need the engagement of our communities to support and grow child, youth, and family friendly environments for all children and youth but especially for children, youth, and parents/caregivers of children and youth with special needs.
- ❖ We believe that our programs enhance the lives of the people that participate and others that will benefit from the information, education, training, and advocacy that grow from them.
- ❖ We believe in a System of Care for Children and Families

Core Values of a System of Care:

- ❖ The System of Care should be child/youth-centered and family-focused, with the needs of the child, youth, and family dictating the types and mix of services provided.
- ❖ The System of Care should be community-based, with the focus of services, as well as management and decision – making responsibility, resting at the community level.

- ❖ The System of Care should be culturally competent, with agencies, programs, and services that are responsive to the cultural, racial, and ethnic differences of the populations they serve. (Stroul & Friedman, 1986, p18).

CODE OF ETHICS

Our Code of Ethics² requires that all our staff will:

- ❖ Have genuine interest in all persons served, and will dedicate themselves to their best interest of the people served and help them help themselves.
- ❖ Respect the privacy of persons served and hold in confidence the information obtained in the course of professional service in accordance with the laws on Confidentiality and Client Rights.
- ❖ Maintain confidentiality when storing, using, or disposing of client records.
- ❖ Maintain a professional attitude, which upholds confidentiality toward individuals served, colleagues, applicants, Families United and Powerful Youth Friends United.
- ❖ Maintain client and co-worker confidentiality, and will hold as confidential any information obtained concerning Powerful Youth, and NC Families United during employment and after termination of employment.
- ❖ Respect the rights and views of colleagues and program participants, and treat them with fairness, courtesy and good faith.
- ❖ Respect the confidences of co-workers and participants in programs.
- ❖ Respect the workers and their relationships that came before me.
- ❖ Respect all community professions and people.
- ❖ Maintain high standard of services provided to people we serve.
- ❖ Inform colleague of any violations of ethical standards and report activity to supervisor as required.
- ❖ Follow policy and procedures related to public statements by employees of NC Families United.
- ❖ Have total commitment to provide the highest quality of programs to those who seek assistance.
- ❖ Assess personal strengths, limitation, biases and effectiveness of self and programs and change where needed.
- ❖ Strive to become and remain proficient in professional practice and the performance of job responsibilities in order to serve people better.
- ❖ Treat co-workers and participants with respect and courtesy.
- ❖ Seek assistance for any problems that impair performance.

Our Code of Ethics requires that all staff will not:

- ❖ Discriminate against or refuse professional programs to anyone on the basis of race, color, creed, age, sex, religion or nationality.
- ❖ Use professional relationships to further own interests.
- ❖ Exploit the trust of the public, co-workers, or persons served, and make every effort to avoid relationships that could impair professional judgment.
- ❖ Neither engage in nor condone any form of harassment or discrimination.

² Adapted from 1.8 per ECAC Personnel Manual:

- ❖ Advise on problems outside of the bound of competence.

Staff understands that violation of the Code of Ethics may be grounds for dismissal.

PROTECTING THE RIGHTS OF PARTICIPANTS AND STAFF IN OUR PROJECTS AND ACTIVITIES

Risks and Benefits

We realize that there are many potential risks to our participants and to our staff in our support and advocacy activities. Some of these include:

- ❖ The risk of sharing personal information among others in support and advocacy activities;
- ❖ The risk of redisclosure of information
- ❖ The risk of stigma attached to children and families with mental health, behavioral, and emotional health issues.
- ❖ The risk of experiencing emotional distress when sharing experiences with other youth, families, and in public forums;
- ❖ The risk of stress and emotional distress by staff while assisting families with needed resources;
- ❖ The risk to families and to staff if emergency circumstances arise and require reporting to law enforcement or Child Protective Services.

At the same time, there are considerable benefits to participation including:

- ❖ The opportunity to give and receive support from other families/youth,
- ❖ The opportunity to gain recognition from participating in policy events,
- ❖ The opportunity to have impact on how children and families receive programs,
- ❖ The opportunity to decrease stigma attached to children's mental health issues,
- ❖ The opportunity to obtain new information and skills from attending training or providing training,
- ❖ The opportunity to help your child through the knowledge gained as well as other children,
- ❖ The opportunity to decrease the isolation felt by children and families with mental health issues,
- ❖ Youth have opportunity to become self advocates and take control of their lives,
- ❖ The opportunity to impact all child serving agencies, and
- ❖ The opportunity to lead and become leaders.

When you participate in a program through Families United and/or Powerful Youth Friends United you have certain rights. It is our policy to assure your right to dignity, privacy, humane care, and freedom from physical punishment, abuse, neglect, or exploitation. We also ask you to abide by certain rules and to assume responsibilities. As you review this information, please keep in mind that the rights being discussed cover a wide variety of situations.

BASIC TERMS & DEFINITIONS:

What is a right?

Something you can do by law

What is a responsibility?

Something you agree to do to the best of your ability.

What is a rule?

Something set up in a program so things run smoothly

Families United and Powerful Youth Friends United **do not** provide direct treatment or mental health services, nor are we a referral agent for such services. However, we have laws in North Carolina that protect the rights of persons receiving mental health, developmental disabilities, or substance abuse programs. These rights apply to programs provided by a variety of organizations including Families United and Powerful Youth Friends United. (These rights are found in NC General Statutes 122C, Article 3) Additionally, there are important federal protections for individuals that receive substance abuse supports or referrals to programs as required by 42CFR Part 2. These regulations apply to any information about persons receiving alcohol and other drug abuse treatment obtained by a federally assisted program, as defined in the regulations.

Some Definitions from 10A NCAC27C .0102:

- ❖ **“Abuse”** means the infliction of mental or physical pain or injury by other than accidental means, or unreasonable confinement, or the deprivation by an employee of a program, which are necessary to the mental or physical health of the client/participant.
- ❖ **“Consent”** means acceptance or agreement by a client/participant or legally responsible person following receipt of information from the professional who will administer the proposed service or procedure. Consent implies that the client/participant or legally responsible person can understand, concerning proposed service/activity, in order to make a decision with regard to such programs/activities.
- ❖ **“Emergency”** means a situation in which a client is in imminent danger of causing abuse or injury to self or others or when substantial property damage is occurring as a result of unexpected and severe forms of inappropriate behavior and rapid intervention by the staff is needed.
- ❖ **“Exploitation”** means the use of a client’s/participant’s person or property for another’s profit or advantage or breach of a fiduciary relationship through improper use of a client’s/participant/s person or property including situations where an individual obtains money, property or programs from a client/participant for undue “influence, harassment, deception, or fraud.
- ❖ **Agency (Facility)”** means the term as defined in G.S. 122C-3. For the purpose of these Rules, when more than one type of program is provided by the facility/agency

required policy and procedures should specifically address each program when applicable.

- ❖ **“Minors”** means a person under the age of 18 years of age who has neither been married nor been emancipated by a decree issued by a court of competent jurisdiction. *Powerful Youth Friends United serve youth age 13 through 21.*
- ❖ **“Neglect”** means the failure to provide care or programs necessary to maintain the mental or physical health and well being of the client/participant.
- ❖ **“Normalization”** means the utilization of culturally valued resources to establish or maintain personal behaviors, experiences and characteristics that are culturally normative or valued.
- ❖ **“Treatment”** means the process of providing for the physical, emotional, psychological and social needs of a client through programs/activities. *(NC Families United and Powerful Youth Friends United **do not** provide treatment programs to its participants, or act as a referral agent to treatment programs.).* **Voluntary client/participant** means an individual who is admitted to a program upon his own application or that of the legally responsible person. *All participants in NC Families United and Powerful Youth Friends United Programs/Advocacy organizations are voluntary.*

According to North Carolina law, programs must ensure that children and their families participating in these programs have the right to:

- ❖ Dignity, privacy, and humane programs
- ❖ Be free from mental and physical abuse, neglect, and exploitation
- ❖ Be free from corporal punishment
- ❖ Participate in the programs offered at level of capability
- ❖ Be free from restraint
- ❖ Confidentiality to the extent the laws allows
- ❖ Age appropriate programs and activities
- ❖ Consent to or refuse activities unless there is danger to self or others
- ❖ Be informed about the risks and benefits of participation in programs
- ❖ Self administer medication prescribed for you when as prescribed
- ❖ Be free from unwarranted probation, suspension, expulsion
- ❖ Be informed of program rules and possible consequences for breaking the rules
- ❖ Be informed about cost associated with program prior to attending event
- ❖ Exercise your civil rights
- ❖ To make a request to see your record/information collected about you
- ❖ To be informed of planned or permitted restrictive interventions
- ❖ To make a complaint
- ❖ To speak to the Executive Director at # 704-892-1321 or the Governor’s Advocacy Council at 1-800-821-6822.

If you have questions or concern regarding these rights, please speak with a staff member Pat Solomon, Families United Statewide Coordinator or ECAC Director, Connie Hawkins at 704-892-1321.

YOUR RIGHTS AS A PARTICIPANT OR STAFF

As a participant in our projects and activities, we may offer you the opportunity to become involved in youth and/or family support groups, in training activities, in planning, developing materials (such as newsletters, etc.), and in representing youth and/or families in public forums. Whenever you or your child participates in any of these or other related activities with Families United, and Powerful Youth Friends United, you can be assured of certain rights:

- ❖ You have the right to confidentiality - State and federal laws protect the confidentiality of your participation. Unless the law requires it, no private information about you will be released without your written permission.
- ❖ You will be informed of specific situations (for example: risk to yourself or others) when emergency procedures will be evoked. These are listed below.
- ❖ You have the right to refuse to participate in an activity.
- ❖ You have the right to be informed of the benefits or any risk involved in the activity in which you are participating.
- ❖ You will be informed of the risks (if any) of refusing to participate in activities.
- ❖ You have the right to consent to and withdraw your consent at any time (except after information has been shared).
- ❖ You have the right to know that this program falls under a research grant and information will be gathered, processed, and reported to the federal government. However, **no** identifying information that identifies your child and/or family will be part of this process.
- ❖ You have the right to be informed of expectations in activities and possible consequences for not meeting those expectations.
- ❖ You have the right to know the cost of programs. Any participation fees, stipends, or other cost associated with the program should be discussed prior to or on admission to program. Some programs offer stipends and travel expenses. However, this is on a limited basis and will be contingent on available funds. Participant depending upon availability of funds may pay hotel room and food expenses registration fees. It mentions cost associated with participation.

Protecting and Sharing Information and Data:

Informed Consent Policies

We will use a process called Informed Consent to support and educate families and youth about our activities and to help them voluntarily decide if they desire to participate. This means that information will include clear and understandable explanations of each/all activities, the purpose and duration of the activity(ies), the risks and benefits of participating, and ways in which Consent is given and revoked. Parents/Legal Guardians must provide Informed Consent for their minor children to participate in any activities. Children/youth that are able to understand the process and participant in the activities are ask to give assent whenever possible.

All Informed Consents will be filed in a locked file cabinet at ECAC/Families United offices. A copy will always be given to each consenting family member/youth at the time that they give or revoke consent. Consent and participant's information related to the Statewide Family Network grant will be automatically shredded at the end of the grant and in compliance with federal record keeping guidelines or at the request of the family.

We will seek feedback from all participants and make all necessary changes to our Informed Consent process and forms in order to ensure they are respectful and clearly understandable. The current Consent form is attached.

Collecting and Protecting Data

Contact Sheets

When families/youth participate in any activity sponsored by Families United and or Powerful Youth Friends United, a sign sheet will be circulated and completed by each participant. Activity, Contact, and sign in sheets are maintained by NC Families United to identify areas of participations of members. No identifying information is documented on these forms. These activities include support group meetings, workshop attendance, policy meetings, individual assistance, request for information etc. These contact information forms will also be stored in a locked file cabinet ECAC/Families United offices. The purpose of these forms are to help track the number of families/youth participating in such activities. A statement of confidentiality is included on each Contact Sheet.

Participant Database

We will use our family/youth contact database to help ECAC/ Families United/Powerful Youth Friends United provide efficient contact with participating family/youth members and among families/youth (with their permission). The database is password protected, and none of the contact information is ever shared outside of the purposes specified in the family/youth Informed Consent.

Participants must give permission to be placed on the NC Families United and Powerful Youth mailing list in order to receive a newsletter.

Confidential disclaimer appears on the bottom of the NC Families United email tree. See attached statement.

All staff will be trained about the importance of Informed Consent, how Consents are to be obtained and revoked, and how to access more information when families or youth have questions that staff cannot readily address. Likewise, staff will receive specific training regarding Contact Sheets and the Participant Database. Written policies regarding these procedures will be signed by all staff and included in the training.

Special Circumstances Regarding Confidentiality and Safety:

There are a few very limited circumstances when we may be required to share information with others. These situations may include but are not limited to the following:

- ❖ If we believe that you are a danger to yourself or to others, or if we believe that you are likely to commit a crime we may share information with law enforcement. In an emergency situation, if your behavior is dangerous to yourself or others, or property, or if we determine, that it is necessary for your safety and the safety of others an emergency situation may be declared. If your parent (and for a youth they should be) is available staff will notify parent and parent will make decisions on course of action. If parent is unavailable or the participant is an adult participant and unable to control threatening behavior, law enforcement assistance may be accessed.
- ❖ You have the right to be free from unwarranted search of your person or property. Search and seizure will be considered a law enforcement activity and may occur if the following criteria is met:
Staff has the suspicion or confirmation that:
 - The person/participant has a weapon or
 - The person/participant possesses a substance (for example, alcohol or illegal substances) which may be harmful to the individual or others or
 - The person/participant is dangerous to self or others and that taking possession of a personal item is in the best interest of the individual.

We are bound by law to report suspected abuse, neglect, or exploitation of minors or disabled adults.

All staff will be trained regarding policies and procedures related to the Special Circumstances described above. Written policies regarding these procedures will be signed by all staff and included in the training.

YOUR RESPONSIBILITIES AS A PARTICIPANT

As we work to protect you and your rights, we ask that you work to live up to these responsibilities:

- ❖ Give us the facts about your needs and what you want to get out of our activities.
- ❖ Follow the activity rules once you have agreed to them.
- ❖ Tell us if you are experiencing any problems in participating in the activity(ies).
- ❖ Telephone at least 24 hours before an event and notify staff if you are unable to attend. If we know in advance that you will not be available we may be able to accept someone else in your place or save money on hotel rooms, food, and other activity supplies.

- ❖ If you take medication for mental or physical conditions, please continue to take them when you are participating in activities on your normal schedule. Accommodations can be made to assist you with a private place to do this and maintain your privacy.
- ❖ Let us know about changes to your name, addresses, telephone numbers, and email addresses as soon as they occur.
- ❖ Submit paperwork to attend events and for reimbursements by deadlines.
- ❖ Treat families, youth, staff and other persons with respect and consideration.
- ❖ Respect the confidentiality of others.
- ❖ Let us know when you have a complaint so we can find a solution to the problem with you.
- ❖ Have fun, learn, and develop new friendships.

Rules Related to Persons Served/Participating:

- ❖ Programs and buildings are maintained as smoke-free environments.
- ❖ No weapons, drugs or alcoholic beverages are permitted during activities or events.
- ❖ If staff is transporting you, adults and youth must wear seatbelts and children, depending on their age, must be seated according to state and federal law.
- ❖ People cannot benefit from activities if they are under the influence of illegal drugs or alcohol. If a person comes to activities/programs and intoxication is suspected, staff will respond according to the situation. Intoxicated drivers will be reported to law enforcement officials. You may harm yourself or others if you drive.
- ❖ We expect event locations to be safe for everyone. Behavior that is disruptive to other person's served/participating or to the event cannot be tolerated. Unacceptable behavior includes verbal or physical threats, verbal or physical aggression, property destruction, or fighting. Staff will respond according to the situation including contacting law enforcement as needed.
- ❖ If you are 15 minutes late arriving to leave for a trip other parties are at liberty to leave and you will need to find your own way at your own expense.
- ❖ If you must bring minor children to events, another adult needs to be present to supervise the children if no childcare programs are provided.
- ❖ If a child/youth loses control during an event, the parent will be notified immediately.
- ❖ If staff is providing an individual service in the community and the person and/or family member becomes threatening or inappropriate; the staff member may leave.
- ❖ You can make and receive telephone calls at your own expense. Telephone call during activities will be prohibited unless in case of an emergency situation or for parent to be available to their child that may need your assistance. Cell phones should be on vibrating if possible. There is usually contact information given for where activities will be taking place for parents and youth participants.

SELECTION OF PARTICIPANTS

Participants in Families United activities will be addressed on a 'first come-first served' basis. While this approach may need to change in the future, as Families United is successful in gaining substantial participation among families across the state, at this point in time, it is not necessary to limit participation in any way. Participation at youth events is chosen in several ways. If it is a Leadership Team event, only members from the Leadership Team are required to attend. Powerful Youth Friends United has operating procedures to describe who a youth gets chosen as a leadership Team member.

Families and youth are informed of upcoming events through *Hold the Date* flyers, the existing data base mail, email, telephone, newsletter, web site and word of mouth.

SUPPORT AND TRAINING FOR STAFF AND PARTICIPANTS

To help ensure that all staff and all family/youth participants fully understand our activities and receive the support they need to succeed, Families United and Powerful Youth Friends United will provide handouts explaining Risk Protection issues and Rights, Rules and Responsibilities to participants. Once they are on the mailing list they will receive further information that explains our activities, their purpose, and any foreseeable risks, along with benefits. Staff trainings for Families United and Powerful Youth Friends United, Board Members, and participants will be provided this orientation and updated training on at least an annual basis. These orientations/trainings will be integrated into existing training events, occur by conference call and, as needed, through individual phone or face-to-face contact. New staff, Board Members and participants will receive the orientation within 2 weeks of their engagement.

Families United and Powerful Youth Friends United will provide ongoing support and consultation for participants as needed through dispersment of information, problem-solving processes, one to one support when needed, liaison relationships with the Division of MH,DD,SAS. We want to do all we can to help ensure the successful participation of families and youth in our activities and programs. We always need honest and constructive feedback, and have developed and adopted some tools to help promote ongoing feedback and problem solving such as the "Finding Solutions Together" form, and the "Compliments Form". Both are attached.

ATTACHMENT A

Participant:

Contact Information

**NC FAMILIES UNITED, INC./FFCMH NOTICE
OF CONFIDENTIALITY**

The confidentiality of information maintained by Families United Inc./FFCMH and Powerful Youth Friends United and its contract agencies is protected by State and Federal Law. Generally, the program may not speak to a person outside the program or disclose any information identifying a participant except in accordance with G.S. 122c-51 through 222c-56; Federal Register 42CFR Part 2 (Confidentiality of Alcohol and Drug Abuse Records); or Federal Register 34CFR Part 300. Subpart E, Sections 300.560 through 300/575 (Confidentiality of Infant and Toddler Receiving Early Intervention Services).

1) The participant consents in writing. 2) The disclosure is allowed by a court order. 3) The disclosure is made in a medical emergency. 4) The disclosure is made when imminent danger to the health or safety of the participant or another individual is suspected, or there is the likelihood that a felony or violent misdemeanor will occur. 5) The disclosure is made to qualified personnel for research, audit or program evaluation.

Participant Rights Notice and Consent to Participate

I have received a copy of the Confidentiality Notice, Participate Handbook (which includes a summary of my rights), Program Rules, and Complaint Process.

The services, including the benefits and risk, program rules, discussion of possible fees, and grievance procedure, have been explained to me. I understand my rights as outline.

I agree and consent for myself or my dependent to participate in programs, training, workshops, events provided by Families United. I also give permission for Families United staff to seek emergency medical care, if necessary, from the nearest hospital or physician.

Participant or Legally Responsible Person's Signature

Witness

Date

Families United Form # 1 - Consent for Participation, Rights, & Confidentiality Notice

Adapted from Sandhills Center for MH/DD/SAS

_____ COPY to Participant

ATTACHMENT B

Participant:

Contact Information

**NC FAMILIES UNITED INC./FFCMH
Consent to Photograph/Videotape/Audiotape/Publish**

Participant Name: _____ Contact Information: _____

Include appropriate information as specified in 10 NCSD 18D Confidentiality Regulations (ASPM 45-1)

I, _____, give permission for Families
United/Powerful Youth Friends United to

___ Photograph ___ Videotape, ___ Audiotape ___ Publish

Name of participant

The purpose of this is _____

and I understand it will be used for _____

I further understand that the participant's name ___ will ___ will not be used and specifies about the
person and diagnosis(es) ___ will ___ will not be disclosed.

Participant/Legally Responsible Person

Date

Witness

Date

Families United Form # 2 - Consent to Photograph/Videotape/Audiotape/Publish

_____ COPY to Participant

ATTACHMENT C

Statement to be included at the bottom of emails to participants to protect privacy:

This message and accompanying documents are covered by the Electronic Communications Privacy Act, 18 U.S.C. §§ 2510-2521, and contain information intended for the specified individual(s) only. This information is confidential. If you are not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and that any review, dissemination, copying, or the taking of any action based on the contents of this information is strictly prohibited. If you have received this communication in error, please notify us immediately by e-mail, and delete the original message.

ATTACHMENT D

Authorization for Use and Disclosure of Protected Health Information – Part 1

45C.F.R. Pats 160 and 164; 42 C.F.R. Part 2; G.S. 122c

This authorization form implements the requirements for participant authorization to use and disclose health information protected by the federal health privacy law (45 C.F.R. Parts 160, 164), the federal drug and alcohol confidentiality law (42C.F.R. Part 2), and the state confidentiality law governing mental health, developmental disabilities, and substance abuse services (G.S. 122 C).

Participant name: _____ Parent ____ Youth ____ Caregiver ____
Professional ____

Address: _____

Phone number: _____ Email address: _____,

I, _____ authorize

Name of participant or legally responsible person

agency or person authorized to use and disclose the information

To use or disclose to/with

Name of agency or person to whom the requested use or disclosure will be made
(include address, if applicable)

This data shall include (Participant is encouraged to initial beside data to be used or disclosed)

____ Name ____ Address ____ Phone number ____ Email address ____ Survey information

____ Committees and Boards ____ Other _____

Purpose of Use Or Disclosure *(Participant encouraged to initial beside data to be used or disclosed)*

____ At the request of the participant ____ As a presenter for group ____ As a support person

____ Data Collection (anonymous) ____ Mailing List ____ Email List

____ Other _____

Redisclosure:

Once information is disclosed pursuant to this signed authorization, I understand that the federal privacy law (45 C.F.R. Parts 160 & 164) protecting health information may not apply to the recipient of the information and, therefore, may not prohibit the recipient from redisclosing it. Other laws, however, may prohibit redisclosure. When we disclose mental health and developmental disabilities information protected by state law (G.S. 122c) or substance abuse treatment information protected by federal law (42 C.F.R. Part 2), we must inform the recipient of the information that disclosure is prohibited except as permitted or required by these tow laws. Our Notice of Privacy Practices describes the circumstances where disclosure is permitted or required by these laws.

NC FAMILIES UNITED, INC/FFCMH
Authorization for Use and Disclosure of Protected Health Information Part 2

Revocation and Expiration:

I understand that, with certain exceptions, I have the right to revoke this authorization at any time. The procedure for how I may revoke this authorization, as well as the exceptions to my right to revoke, are explained in the Notice of Privacy Practices, a copy of which has been given to me.

If not revoked earlier, this consent shall be valid for duration of participation in program unless otherwise indicated below:

Date of expiration 1 year

Event

Notice of Voluntariness:

I understand that I may refuse to sign this authorization form. I understand that NC Families United _____ will not deny or refuse entry into programs if I refuse to sign.

Signature of Participant
symbol or mark)

Date

Witness (required if participant or LRP uses

Signature of legally responsible person, if required Date

Staff Signature

Please explain LRP authority to act on behalf of the participant ___ Parent _____ Power of Attorney
___ Guardian ___ Other

ATTACHMENT D

**NC FAMILIES UNITED, INC/FFCMH
Privacy Notice Acknowledgement Form**

Participant Name: _____ Phone # _____

I acknowledge that I have been provided a copy of the Notice of Privacy Practices for ECAC/NC Families United.

I understand that the Notice of Privacy Practices discusses how my personal health care information may be used and /or disclosed, my rights with respect to health care information, and how and where I may file a privacy-related complaint.

I may review a copy of the Notice on entry into the program and any time requested.

I may obtain a copy of this Notice from NC Families United.

I understand that the terms of this Notice may be changed in the future, and these changes will be sent to me US mail or email. I may request a copy of the new Notice by contracting the ECAC Administrative Assistant at 704-892-1321.

Signature of Participant

Date Signed

Signature of Legally Responsible Person,
If Required

Date Signed

ATTACHMENT E

“FINDING SOLUTIONS TOGETHER”

The first step in finding solutions is to describe the problem. If you have a concern about your programs/participation, you may use this form to tell us about it. When completed, please give this form to any staff member or you may mail it directly to Pat Solomon, Statewide Coordinator/Families United, c/o 907 Barra Row, Davidson, NC 28036.

Name: _____ Date: _____

Address:

Street City State Zip Code

Telephone Number:

Home Work Cell

When is the best time to reach you?

(Or do you prefer not to be contacted?) ____ Please do not contact me

1. What is your complaint, concern or problem with our programs/program?

2. Have you tried to solve this problem with the staff member? ____ Yes ____ No

3. What do you want us to do to solve this problem?

Signature of Person Completing this Form

Date

STEPS TO “FINDING SOLUTIONS TOGETHER”

Step one – You tell us there is a problem.

- ☐ Talk to the staff person assigned to provide your programs, if possible or not too uncomfortable for you.
- ☐ You may speak to the supervisor if you are unable to talk to your staff person.
- ☐ You may contact the Statewide Family Coordinator at 1-910-331-6092.
- ☐ You may ask a friend, neighbor, or family member to help you tell us about the problem.

Step Two- We work together to find a solution

- ☐ We try to see the problem from your point of view and ask the same of you.
- ☐ We talk about ways to find a solution OK for all.
- ☐ We reach an agreement about the solution if possible.
- ☐ We discuss your concern no later than five business days from the day you stated it.

Step Three – We put the solution in writing so you have a clear response.

- ☐ If you agree, we have successfully found a solution together.
- ☐ If we cannot agree on the solution program rules and policy will govern the decision and the NC Families United, Inc./FFCMH Board will make the final decision.

Families United Form # 5 – “Finding Solutions Together” Form

Adopted from Sandhills Center for MH, DD & SAS Rights, Rules and Responsibilities

_____ COPY to Participant

COMPLIMENTS FORM

When complete; please give this form to a staff person.
Thank you!

Address:

Signature of person completing form _____ Date: _____

Adopted from Sandhills Center for MH, DD & SAS Rights, Rules and Responsibilities

_____ COPY to Participant